

OM 16-009

Effective Date: 1 MAR 2017

Previous Effective Date: 28 MAR 2016

By Order of the Acting Assistant Director
CAPT Luzviminda Peredo-Berger, MD

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian Federal Employees, and Contract Personnel

SUBJECT: Intra-System Transfer Process of Detainees/Residents in Continuous ICE Custody

1. **PURPOSE:** This Operations Memorandum (OM) is intended to provide clear guidance on the management of intra-system transfers of detainees/residents in continuous U.S. Immigration and Customs Enforcement (ICE) custody.
2. **APPLICABILITY:** This OM applies to all IHSC personnel involved with the intra-system transfers of detainees/residents between facilities while in continuous ICE custody.
3. **AUTHORITIES AND REFERENCES:**
 - 3.1 Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3.2 Section 232 of the Immigration and Nationality Act, as amended, Title 8 U.S. Code, Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination; and
 - 3.3 Title 42, U.S. Code, Section 252 ([42 U.S.C. § 252](#)), Medical Examination of Aliens.
4. **GUIDANCE:** The intra-system transfer process is utilized when a detainee/resident is transferred from one facility to another, while in continuous ICE custody.
 - 4.1 Only designated healthcare personnel have the authority to medically clear a detainee/resident for transfer. NOTE: medically cleared is defined as a detainee/resident with an absence of any condition that may prohibit travel via any mode of transportation (i.e. bus, car, or plane).
 - 4.1.1 Any detainee/resident housed in general population, who does not have a diagnosed medical or behavioral health condition can be

cleared by designated healthcare personnel (licensed vocational nurse (LVN), licensed practical nurse (LPN), registered nurse (RN), or medical provider).

- 4.1.2** Any detainee/resident housed in general population with a diagnosed medical or behavioral health condition and/or prescribed medications must be cleared by an registered nurse (RN), mid-level provider (MLP), or physician.
- 4.2** Medical Housing Unit. Any detainee/resident housed in a medical housing unit (MHU) or other area for medical, dental, behavioral health, or public health reasons, must be cleared by a medical provider, dentist, or behavioral health provider, as appropriate.
- 4.3** The health services administrator, or designee from the departing facility, must communicate with an appropriate provider or administrator at the receiving facility to ensure continuity of care and ensure appropriate communication and documentation between the departing and receiving facilities occurs accordingly.
 - 4.3.1** All detainees/residents must have a transfer summary completed prior to transfer.
 - 4.3.2** When the transfer summary indicates a detainee/resident is currently diagnosed and under treatment for a medical, mental health, or substance problem or prescribed medications, and health records have not been forwarded with the detainee, the medical record should be requested.
- 4.4** For intra-system transfers, when the detainee/resident has remained in continuous ICE custody, if the detainee/resident was screened and has a documented intake screening and tuberculosis clearance from the departing facility within the previous six months, a pre-screening assessment is required, but a comprehensive intake (receiving) screening is not. This guidance applies only when the staff completing the screening at the receiving facility has the detainee's/resident's current health summary or health record either as a hard copy or through the ICE electronic health record (eHR).
- 4.5** At minimum, the detainee's/resident's health summary or health record should contain the following information:
 - 1. patient identification,
 - 2. TB screening results (to include dates and current status if TB suspected),
 - 3. current mental, dental and physical health status/diagnosis, highlighting any potential conditions which will require urgent follow up,
 - 4. current medications with instructions,

5. hospitalizations/major surgical procedures,
6. recent test results if appropriate,
7. known allergies,
8. any pending evaluation, test procedures or treatments
9. scheduled, and
10. required community referrals and other relevant documents.

5. PROCEDURES:

- 5.1** For intra-system transfers, a RN, MLP, or physician must review each incoming detainee's/resident's health record or health summary and complete an intra-system intake screening within 12 hours of arrival to ensure continuity of care.
- 5.2** During an intra-system intake screening, a RN, MLP, or physician must complete a pre-screening intake, document the TB symptom screening, and review all received health records, to include, but not limited to, transfer summaries documenting TB clearance and the previous full comprehensive intake (receiving) screening completed at the IHSC-staffed or IGSA facility.
- 5.3** If the health care personnel identifies inconsistencies with the detainee/resident's current condition compared to the transfer summary, the inconsistencies identified must be documented in the screening encounter notes. The health care personnel must indicate the review is complete by annotating the records with a signature, date, time, and name stamp using the Intra-system Intake Review (ISIR) Screening Template in the eHR).
- 5.4** A RN, MLP, or physician must complete a comprehensive intake (receiving) screening when inconsistencies, incomplete information, or clinically significant findings are identified during the detainee/resident interview and/or review of the intake screening and health summary.
- 5.5** A RN, MLP, or physician must obtain a completed general medical consent form with the detainee's signature upon arrival to the facility. A parent or guardian must sign for residents under the age of 18 years. Documentation must include the detainee's/resident's (or parent's or guardian's) understanding of the consent in the detainee's/resident's health record.
- 5.6** A medical provider (MLP or physician) must perform a comprehensive intake (receiving) screening within 12 hours when a detainee/resident is transferred from a medical housing unit (MHU) or from an area where they were housed for medical, behavioral health, dental, or public health reasons. The detainee/resident must be placed in the MHU or in another appropriate medical housing area until a medical provider evaluates the detainee/resident and determines the appropriate housing placement and plan of care.

5.7 All healthcare personnel must take appropriate actions to ensure the safeguards are enabled in the eHR system to track compliance with standards (e.g., 12-hour intake screening, review of intake screening, chronic care, etc). These intra-system encounters must be documented in the eHR/ eClinical Works (eCW) using the ISIR screening template under an Intake visit type.

5.7.1 If eCW is down, healthcare personnel must document this information on paper forms and the completed forms must be scanned into eCW following the same process as a regular intake visit.

5.7.2 Intra-system intake screening encounters must use the intake visit type to document the findings and must be treated the same as regular intake screening encounters.

5.7.3 Continuity. IHSC must maintain compliance per standards and policy with health assessments and physical examinations (PEs), any necessary follow-up appointments, and time limited requirements, ie.12-hour intake screenings, etc.

5.7.4 Accountability. A review by an RN is completed if the ISIR is completed by an LVN/LPN.

6. APPLICABLE STANDARDS:

6.1 Performance-Based National Detention Standards (PBNDS):

PBNDS 2011:

2.1: Admission and Release.

4.3: Medical Care.

6.2 American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

4-ALDF-4C-23: Health Screens (Intra-system).

Standards for Adult Correctional Institutions, 4th edition:

4-4363: Health Screens (Intra-system).

Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:

1-HC-1A-20: Health Screens (Intra-system).

1-HC-1A-20: Health Screens for In-Transit Detainees.

6.3 National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014:

J-E-02: Receiving Screening.

J-E-03: Transfer Screening.